

STANDARDIZATION OF SUPPLIES AND EQUIPMENT PROCEDURES

- 1. REASON FOR ISSUE:** The purpose of this Veterans Health Administration (VHA) Handbook establishes procedures for the national standardization of supplies and equipment utilized in VHA.
- 2. SUMMARY OF MAJOR CHANGES:** This is a new VHA Handbook that provides detailed guidance on responsibilities of Standardization User Groups.
- 3. RELATED HANDBOOK:** VHA Directive 1761.
- 4. RESPONSIBLE OFFICE:** The VHA Office of Finance (17) is responsible for the contents of this directive. Questions may be referred to (202) 273-5680.
- 5. RESCISSIONS:** VHA Directive 99-024, Standardization of Supplies of Equipment, is rescinded.
- 6. RECERTIFICATION:** This Handbook will be recertified on or before the last working day of January 2006.

S/ by Dennis H. Smith for
Thomas L. Garthwaite, M.D.
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 1/30/2001
FLD: VISN, MA, DO, OC, OCRO, and 200 - FAX 1/30/2001

CONTENTS

STANDARDIZATION OF SUPPLIES AND EQUIPMENT PROCEDURES

PARAGRAPH	PAGE
1. Purpose	1
2. Background	1
3. Scope	1
4. Responsibilities	2
a. Standardization User Groups	2
b. Objectives	5
c. Definition and Responsibility of Membership Roles	6
5. Program Structure	7
a. Location of Meetings	7
b. Frequency of Meetings	7
c. Work Plan	7
d. Charter	7
e. Subgroups	8
f. Meeting Minutes	8
6. Procurement Action	8
a. Blanket Purchase Agreements or Blanket Ordering Agreements	8
b. Competitive Solicitations	9
c. Partnership with Prime Vendor	9
7. Standardization Awards	9
8. Maximum use of Data Systems	10
9. Waiver Process	10
a. Steps for Processing Requests for Waivers	10
b. Monitoring Process	11
10. Quality Improvement Report (QIR) Process	11
11. Compliance Tracking System	12
12. Socio-economic Partnership	12

APPENDIXES

PARAGRAPH	PAGE
A Sample Format for User Group Meeting Minutes	A-1
B Sample Memorandum for Chief Officer Review of Minutes	B-1
C VHA Form 10-0384, VHA Standardization Request for Waiver	C-1
D VHA Standardization – Report of Authorized Waivers	D-1
E VHA Standardization – Quality Improvement Report (QIR)	E-1
F Sample of the Standardization Compliance Tracking Form	F-1

STANDARDIZATION OF SUPPLIES AND EQUIPMENT PROCEDURES

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes procedures and processes for implementation guidelines for the VHA Standardization Program.

2. BACKGROUND

a. In accordance with VHA Directive 1761, it is VHA policy to standardize to the maximum extent possible the types and kinds of supplies and equipment it purchases, consistent with clinical and practitioner needs. This handbook has been written to detail specific processes and provide specific forms to accomplish that goal in an orderly and consistent manner. It should be noted that the types of items considered for national standardization are only those that are not limited by geographic differences in availability, and for which technology is mature enough that they are unlikely to change dramatically within a one-year period. Nothing herein prevents small business from participating in this process or providing supplies and equipment purchased.

b. Items designated as VHA standard items are considered mandatory for use by all VHA activities; therefore, compliance with this handbook is also considered mandatory.

c. Standardized items establish an equal standard of care for veterans across the system. Deviations are allowed only with a specific clinical justification. Such justifications should consider:

(1) What is the minimum that is absolutely needed to provide for the patient's care using evidence-based methodology;

(2) What goes beyond that minimum need, but possesses technological additions to the basic item that provide increased efficiencies;

(3) What technological additions are "bells and whistles" and add no real value for the provider or patient.

d. Complementary to the VHA User Group process, VISNs (individually or collectively) are encouraged to identify additional items that may be appropriate for standardization. The VHA Chief Financial Officer (CFO) and Chief Network Officer (CNO) are responsible for sharing individual VISN initiatives with all other VISNs and appropriate user groups to determine if these initiatives have potential for nationwide standardization. This process will be coordinated through the Chief Logistics Officers (CLOs) and the Regional CLO subgroups. All field facilities are also encouraged to recommend new products for potential standardization by submitting their recommendations electronically to their CLOs.

3. SCOPE

a. It is VHA policy to standardize, to the maximum extent possible, the types and kinds of supplies and equipment it purchases, consistent with clinical and practitioner needs.

***NOTE:** Standardization is expected to facilitate best-value product pricing through volume purchasing, and should facilitate the delivery of high-quality health care.*

b. Items designated as VHA standard items are considered mandatory for use by all VHA activities.

c. Small businesses are to participate, to the maximum extent possible, in these activities.

4. RESPONSIBILITIES

a. **Standardization User Groups.** The following Standardization User Groups are being established by the VHA Chief Financial Officer (CFO), by clinical and administrative product lines, with the specified membership.

(1) Medical and/or Surgical

(a) VISN Clinical Manager, Chairperson, core voting member.

(b) Chiefs Supply, Processing and Distribution (SPD) or Materiel Management, four core voting members.

(c) Registered Nurses, (Intensive care Unit (ICU), Surgery, Medicine, Long-term Care), four core voting members.

(d) Field Physicians, (Surgery, Medicine), two core voting members.

(e) Pharmacy Benefits Management Field Representative, core voting member.

(f) On-call voting members for specialty items (i.e., Cardiology, Neurology, Anesthesiology, Wound Care, Bio-medical Engineer, Pharmacist, Prosthetics, Environmental Programs Field Service Chief and Textile Care Manager, Respiratory Therapy, etc.).

(g) Infection Control Nurse, VHA Headquarters, Consultant.

(h) Inventory Management Specialist, Office of Acquisition and Materiel Management (OA&MM), VA Central Office (VACO), Consultant.

(i) Centralized Acquisition Analysis Staff and/or Item Management (93C/901S) Representatives, OA&MM, Consultant.

(j) Nursing Strategic Health Group Representative, VHA Headquarters, Consultant.

(k) Patient Care Services Representative, VHA Headquarters, Consultant.

(l) Pharmacy Program Specialist, VHA Headquarters, Consultant.

(m) Contracting Officer, VHA Consultant.

(n) VHA Logistics Representative, VHA Headquarters, Consultant.

(o) Office of Small and Disadvantaged Business Utilization (OSDBU), VHA Headquarters, Consultant.

NOTE: *Products evaluated by this group include all medical and surgical products used by VHA facilities, both inpatient and outpatient, as well as medical and surgical supplies provided by Pharmacy Services and Consolidated Mail-out Pharmacy (CMOP) centers.*

(2) Pathology and Laboratory Medicine

(a) VISN Clinical Manager, Chairperson, core voting member.

(b) Pathology and Laboratory Chiefs, two core voting members.

(c) Laboratory Technologists, three core voting members (Chemistry, Microbiology, Hematology).

(d) On-call voting members for specialty items or equipment (Anatomic and Clinical Anthology Sub-specialist, Bio-medical Engineer).

(e) Chief Consultant, Diagnostic Services Strategic Health Group Representative, VHA Headquarters, Consultant.

(f) Centralized Acquisition Analysis Staff and/or Item Management (93C/901S) Representatives, OA&MM, Consultant.

(g) Contracting Officer, Consultant.

(h) VHA Logistics Representative, Consultant.

NOTE: *Products evaluated by this group include all Pathology and Laboratory products used by VHA facilities, both inpatient and outpatient, in hospital and clinical settings.*

(3) Nutrition and Food

(a) Chief Nutrition and Food Service (NFS) (Field), Chairperson, core voting member.

(b) NFS Chiefs and/or Program Managers, four core voting members.

(c) On-call voting members for specialty items or equipment.

(d) Director, NFS, VHA Headquarters, Consultant.

(e) Contracting Officer, Consultant.

(f) Inventory Management Specialist, OA&MM, Consultant.

- (g) VHA Logistics Representative, Consultant.

NOTE: *Products evaluated by this group include all products (i.e., subsistence, supplies, equipment) used by Nutrition and Food Service at VHA facilities. Work with Prime Vendor(s) to identify items for standardization and develop/administer statement of work for the Subsistence Prime Vendor contract.*

(4) Environmental Programs

- (a) Chief Environmental (or Facilities) Management Service, Chairperson, core voting member.
- (b) Textile Care Manager (Consolidated Facility), core voting member.
- (c) Chief Environmental Management Service (EMS) and/or Textile Care Manager (textile expertise needed), core voting member.
- (d) Chief Environmental (or Facilities) Management Service (cleaning and textile expertise needed), four core voting members.
- (e) On-call voting member, i.e., an Engineering and/or Facilities Representative.
- (f) Infection Control Nurse, field staff, core voting member.
- (g) Environmental Programs Service (EPS) Program Manager, VHA Headquarters, Consultant.
- (h) Industrial hygienist, field staff, Consultant.
- (i) Occupational Health Program Director, VHA Headquarters, Consultant.
- (j) Infection Control Nurse, VHA Headquarters, Consultant.
- (k) Centralized Acquisition Analysis Staff and/or Item Management (93C/901S) Representatives, OA&MM, Consultants.
- (l) Contracting Officer, Consultant.
- (m) VHA Logistics Representative, Consultant.

NOTE: *Products evaluated by this group include all products (i.e., textiles, chemicals, cleaning products, equipment, etc.) used by Environmental or Facility Management Service at VHA facilities.*

(5) Dental

- (a) VISN Clinical Manager, Chairperson, core voting member.

(b) Field Dentists (General, Oral Surgery, Prosthodontist, Periodontist), four core voting members.

(c) Dental Requirements Section, VHA Headquarters, Consultant.

(d) VHA Logistics Representative, Consultant.

(e) Centralized Acquisition Analysis Staff and/or Item Management (93C/901S) Representatives, OA&MM, Consultants.

(f) Contracting Officer, Consultant.

NOTE: *Products evaluated by this group include all products used by Dental Service at VHA facilities.*

(6) Imaging (Nuclear Medicine, Radiology)

(a) VISN Clinical Manager, Chairman, core voting member.

(b) Chief Nuclear Medicine Service, core voting member.

(c) Chief Radiology Service, core voting member.

(d) Technologists (Diagnostics, Angio-interventional, Nuclear), three core voting members.

(e) On-call voting members (Radiation Oncology Physician, Bio-medical Engineer).

(f) Chief Technology Division, Strategic Healthcare Group, Consultant.

(g) VHA Logistics Representative, Consultant.

(h) Centralized Acquisition Analysis Staff and/or Item Management (93C/901S) Representatives, OA&MM, Consultants.

(i) Contracting Officer, Consultant.

NOTE: *Products evaluated by this group include all products used by various Diagnostic Services at VHA facilities.*

b. **Objectives.** User Groups will identify products and criteria for evaluation, evaluate products, and make recommendations to VHA's CFO and Chief Patient Care Services Officer for products to be standardized. User Groups will review all Department of Veterans Affairs (VA) Form 10-0384a, VHA Standardization Quality Improvement Report (QIR), submitted by the field via the required electronic form. They will investigate pertinent facts through submitting facility and/or other appropriate sources, then respond in writing via the electronic QIR form with the recommended action. If it is determined that the quality problem has widespread implications, notify the pertinent Contracting Officer to take appropriate action.

c. **Definition and Responsibility of Membership Roles**

(1) **Chairperson.** The Chairperson:

(a) Conducts meetings,

(b) Serves as liaison to VISN and/or Field counterparts (i.e., Clinical Managers, Chiefs Dental Service, Chiefs Pathology and Laboratory Medicine Service, etc.) for dissemination of information and feedback,

(c) Signs QIR forms on behalf of the User Group,

(d) Prepares meeting agendas,

(e) Makes assignments to subgroups,

(f) Coordinates support staff duties,

(g) Casts votes in standardization process,

(h) Assures that all affected users are represented for items that cross service lines.

(i) Coordinates and reviews minutes with user group members and consultants prior to forwarding to VHA Logistics Office (176).

(2) **Core Voting Member.** A core voting member attends all scheduled meetings, actively participates in making evaluations and recommendations for products to be standardized, and serves as liaison to VISN and/or field counterparts for dissemination of information and feedback. Members are expected to stay abreast of new products and changes within their specific field of expertise. Members are charged with seeking input from their peers at multiple facilities of varying complexity prior to final committee action. Only voting members are allowed to cast votes in the standardization process.

(3) **On-Call Voting Member.** On-call voting members function the same as core voting members, except they only participate when needed for products in their specific field of expertise. **NOTE:** *The work plan will be formulated to group similar items at the same meeting.*

(4) **Consultants**

(a) **Technical and/or Clinical Members.** Technical and/or clinical members provide technical and/or clinical input on products or processes in their specific field of expertise in order to create best value and to maximize quality of patient care and assure optimal use of products.

(b) **Contracting Officer.** The Contracting Officer provides information and guidance with respect to procurement regulations, policies, and procedures for consideration by the user groups during the standardization process. They facilitate selection of the acquisition strategy for products designed for standardization.

(c) Item Management Representatives. In support of the standardization process, the OA&MM Centralized Acquisition & Analysis and/or Item Management (93C/901S) staff queries existing procurement history (Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement (IFCAP) and other available vendor information) and develops appropriate analyses and reports to support standardization and procurement decisions. Additionally, the office obtains product samples and information to facilitate clinical end user evaluations and/or appraisals for product standardization. A repository of product information evaluated during the User Group evaluation process is maintained by 93C/901S. Cost-benefit analyses are developed by 93C/901S to support procurement decisions for specific standardized products.

(d) OSDBU Representatives. OSDBU representatives provide information on small business programs and ensure that small businesses are not overlooked in this cycle of activities.

5. PROGRAM STRUCTURE

a. Location of Meetings. Because of the logistics required for shipping and receipt of products for evaluation, easy accessibility to resource catalogs, location of National Acquisition Center and Item Management staff, reasonable hotel rates, economical air fare and central location, meetings will be conducted at the VA Medical Center Campus Hines, IL, unless the chairperson determines an alternate location would be justifiably beneficial to the group on specific occasions. A designated meeting room will be available for User Group meetings with computer and/or internet access, photocopier, and phones.

NOTE: As an exception, Nutrition and Food User Group meetings are to be conducted at a location designated by the Chair, based on requirement for accessibility to kitchen facilities for preparation and tasting of foods.

b. Frequency of Meetings. Frequency will be determined based on workload and will be proposed to the VHA CFO by the Chair of the pertinent User Group in the annual Work Plan.

c. Work Plan. A comprehensive plan for the entire fiscal year is to be submitted by the User Group Chairperson to the VHA Office of Finance (17) and concurrently to OSDBU by September 1, annually, to be approved by the VHA CFO. Specific products designated for review are listed by the proposed meeting date and assigned to a specific contracting officer. The contracting office for each targeted standardized commodity group is determined by a cooperative effort of the VHA CFO and DAS for OA&MM. All plans and meeting minutes will be widely disseminated by the VHA Office of Finance (17) to assure a global perspective is employed and feedback is provided throughout the standardization process. At the end of each fiscal year, group accomplishments will be reported to the VHA CFO by the User Group Chairperson. Accomplishments will include the number of meetings conducted, items standardized, and estimated total cost avoidance.

d. Charter. Each User Group will submit a proposed charter to the VHA CFO for approval, which includes composition of the group, how the members will be selected, how long a member will be part of the user group, and their function. The charter will be updated, as necessary, through the same process.

e. **Subgroups**. Subgroups may be established for specific, short-term evaluations, at the direction of the User Group Chair. Minutes will be taken in accordance with handbook requirements and forwarded back to the User Group Chair.

f. **Meeting Minutes**. Minutes will be taken at all meetings and a draft prepared prior to completion of the meeting. Minutes will be prepared in accordance with the attached format (Attachment A). After the meeting minutes are complete and approved by the chair, they are electronically submitted to the VHA Logistics Office (176) within 2 weeks after the meeting. The VHA Logistics Office (176) will provide minutes electronically to the Chief Logistics Officers (CLOs) for review and comment within 30 days. It is expected that the CLO will assure that the appropriate staff at each facility within their VISN receives a copy of minutes with adequate time for comments. Concurrently, the Logistics Office (176) will forward approved minutes to OSDDBU. At the end of the 30-day period, the VHA Logistics Office (176) will consolidate comments from CLOs and OSDDBU, and forward to the appropriate VHA Headquarters Chief Officer for review and comment, in accordance with the sample format in Appendix B. After 14 days, final comments are consolidated and forwarded to the User Group Chair for action. Those items that require further action by the User Group will be addressed at the next scheduled meeting or via conference call if feasible and/or urgent.

6. PROCUREMENT ACTION

After the 30-day review of user group meeting minutes is completed, the VHA Logistics Office (176) will transmit collective comments back to the User Group. The User Group then will submit the final meeting minutes to the Centralized Acquisition Analysis Staff/Item Management (93C/90IS) for initiation of a procurement request. Procurement will be completed by one of the following methods:

a. **Blanket Purchase Agreements or Blanket Ordering Agreements**. Centralized Acquisition Analysis and/or Item Management (93C/90IS) staff will prepare a Procurement Request for all products approved by the User Groups for standardization that are available on the Federal Supply Schedule (FSS) or other Government contracts. The Procurement Request includes product characteristics, product descriptions and numbers, estimated volume, and manufacturers of products approved for competition. This request will be submitted to the VHA Logistics Office (176), which forwards it concurrently to the Contracting Officer for action, and the CLOs and OSDDBU for review and feedback on current pricing structures within their networks. CLOs and OSDDBU will respond to the VHA Logistics Office (176) within 14 calendar days after receipt. If there are currently VISN-level contracts in place for any of the products being considered, they should be included in the forwarded comments. The comments received will be utilized to facilitate the negotiation of the new agreement.

NOTE: As a reminder, all VISN-level Blanket Purchase Agreements (BPAs) and contracts must contain an escape clause stipulating that award of nationally standardized items will take precedence over same or similar items standardized on a VISN-basis. A waiver for a clinical basis should normally be for specific exceptions, i.e., a specific patient or group of patients with special needs, an employee with special needs or allergies, etc. The Request for Waiver process should take place during the period of time allowed for conversion to the new standardized items 30 days from the date of official Notice of Award by the VHA Logistics Office (176). The VHA Logistics Office (176) will consolidate and forward data to Centralized Acquisition

Analysis/Item Management (93C/901S) for cost analysis purposes to assist the contracting officer in negotiations. It is expected that current pricing levels will be the ceiling prices available for negotiations and that committed volumes will provide significant additional discounts.

b. **Competitive Solicitations.** Centralized Acquisition Analysis and/or Item Management (93C/901S) staff will prepare a Procurement Request for all products approved for standardization that are not available on FSS or other Government contracts to initiate a competitive solicitation for a national contract. The Procurement Request information is based on specifications developed by the User Group and included in the meeting minutes. This request will be submitted to the VHA Logistics Office (176) which forwards it concurrently to the Contracting Officer for action and to the CLOs and OSDBU for review and feedback on current pricing structures within their networks. CLOs and OSDBU will respond to the VHA Logistics Office (176) within 14 calendar days after receipt. If a VISN or multiple VISNs have already contracted for the products being standardized, those contracts will be used in the development of contracting strategies and national solicitations.

NOTE: *As a reminder all VISN-level BPAs and contracts must contain an escape clause stipulating that award of nationally standardized items will take precedence over same or similar items standardized on a VISN-basis. The VHA Logistics Office (176) will consolidate and forward data to Centralized Acquisition Analysis and/or Item Management (93C/901S) for cost analysis purposes to assist the Contracting Officer in negotiations. It is expected that current pricing levels will be the ceiling prices available for negotiations and that committed volumes will provide significant additional discounts.*

c. **Partnership with Prime Vendor.** The Subsistence Prime Vendor contract includes a specific process for standardizing subsistence products, and does not require the normal BPA or competitive solicitation process. Award of standardized subsistence items will be accomplished in accordance with the Prime Vendor contract. In addition, standardized subsistence products are exempt from the requirements stated in paragraph 8, Maximum Use of Data Systems, paragraph 9, Waiver Process, and paragraph 11, Compliance Tracking System.

7. STANDARDIZATION AWARDS

When a standardization award has been made by the designated Contracting Officer, the award information will be merged with the standardized IFCAP Naming Standards generated by OA&MM Centralized Acquisition & Analysis Staff (93C/901S) (except items specifically exempted in the VHA Inventory Management Program Handbook), and forwarded to the VHA Logistics Office (176). It will then be forwarded by the VHA Logistics Office (176) to the CLOs, who will further disseminate it to the field. The date of the notice from the VHA Logistics Office (176) marks the beginning of a 30-day implementation period that includes loading award data in IFCAP, notifying local users of the award through the station Commodity Standards Committee or other established means, and processing any appropriate Requests for Waiver.

8. MAXIMUM USE OF DATA SYSTEMS

To ensure that VHA has the “Most Money for Veterans Health Care, Greatest Value for Dollars Spent, and the Best Data for Good Decisions,” it is essential that there be a maximum use of data systems throughout the standardization and procurement process. This includes, at a minimum, the assignment of Item Master File numbers in IFCAP for all standardized items, and use of the Item Master File naming standards included in all VHA official announcements of Standardization Awards, except those specifically exempted in the VHA Inventory Management Program Handbook. Consequently, this means that any standardized items purchased under the Government Purchase Card Program must also use Item Master File numbers. Additionally, Item Master File numbers must be used for all recurring items that would be appropriate to include in an official inventory so they can be identified for future standardization, and to maximize the automated features available in the General Inventory Package (GIP).

9. WAIVER PROCESS

VISN Directors are authorized to approve requests for waivers to deviate from purchasing standardized products. VHA Form 10-0384, VHA Standardization Request for Waiver (see App. C), is to be used for all requests for waivers based on appropriate clinical rationale. As stipulated by VHA Directive 1761, neither single facility staff preference nor the appearance of lower cost to a specific medical facility or VISN is sufficient justification for deviating from the national supply source for standardized products. A waiver for a clinical basis should normally be for specific exceptions, i.e., a specific patient or group of patients with special needs, an employee with special needs or allergies, etc. Standardized items will be used for requirements not covered in the waiver. The Request for Waiver process should occur during the period of time allowed for conversion to the new standardized items 30 days from the date of official Notice of Award by the VHA Logistics Office (176). One-time, or very short duration requirements for individual patients that involve low dollar amounts, do not require a Request for Waiver form.

a. Steps for Processing Requests for Waivers

- (1) The user or Program Official will submit a completed VHA Form 10-0384 to the Supervisor.
- (2) The supervisor will concur or not concur, sign, date, and forward to the facility Logistics Manager.
- (3) The Facility Logistics Manager will review and recommend in the designated block of VHA Form 10-0384, then submit electronically to CLO, through facility Chief of Staff and/or Director. **NOTE:** *It is expected that the facility Logistics Manager will coordinate recommendations with the local Commodity Standards Committee.*
- (4) The CLO will assign a Log number, consult with the respective User Group, program official and/or Contracting Officer, recommend and provide additional remarks for VISN Directors consideration, then forward to the VISN Director, through the VISN Clinical Manager.

(5) The VISN Clinical Manager will review and recommend action to be taken, then the VISN Director will approve or disapprove the request and return it to the CLO for processing.

(6) The CLO will disseminate copies to the facility Logistics Manager for further dissemination and action (if applicable), and submit a copy to the VHA Logistics Office (176) electronically.

(7) If the VHA Logistics Office (176) believes the Request for Waiver has wider quality or safety implications, it will request that the CLO submit a QIR for processing.

(8) Reports of waivers granted by VISN Directors will be submitted to the VHA Office of Finance (17) quarterly by providing copies of approved VHA Form 10-0384.

b. **Monitoring Process.** The VHA CFO and CNO will monitor waivers granted by VISN Directors and report quarterly to the Office of the Under Secretary for Health. VHA Form 10-0384b, VHA Standardization Report of Authorized Waivers (see App. D), is to be used for reporting purposes.

10. QUALITY IMPROVEMENT REPORT (QIR) PROCESS

Users who identify quality or safety issues concerning a standardized item will initiate a QIR on VHA Form 10-0384a (see App. E), as detailed in the following.

NOTE: *This handbook does not supercede existing regulations and reporting requirements of the FDA Safe Medical Devices Act.*

- a. The user will submit a completed VHA Form 10-0384a, to the Supervisor.
- b. The supervisor will concur or not concur, sign, date and forward to the facility Logistics Manager.
- c. The facility Logistics Manager will review complaints, contact supplier for clarification or corrective action, recommend action in designated blank on VHA Form 10-0384a, and submit electronically to CLO, through facility Chief of Staff and/or Director.
- d. If local corrective action does not resolve the complaint, the CLO will recommend action and submit electronically to the VHA Logistics Office (176). If use of this product for the documented use is determined to be a safety or significant quality threat to patient care, the QIR will serve as a temporary approval for waiver from using the product, and the CLO will so notify the facility.
- e. The VHA Logistics Office (176) will assign a Log number and concurrently send the QIR electronically to the User Group Chairperson and responsible Contracting Officer.
- f. Under urgent circumstances, the User Group Chairperson, after consultation with the group, will determine whether to suspend use immediately. If so, he or she will contact the Contracting Officer for immediate action.

g. Under normal circumstances the User Group, in conjunction with the responsible Contracting Officer, will take appropriate definitive action within 30-days of the complaint receipt. If necessary to meet the 30-day timeline, the chairperson will schedule a conference call to review and act on the QIR. The User Group Chairperson will document this action in Block #23 of VHA Form 10-0384a, then sign and date the form. Then the User Group Chairperson will electronically return the completed form to the VHA Logistics Office (176).

h. The VHA Logistic Officer (176) disseminates copies of the signed QIR to CLOs for further dissemination to the field.

NOTE: *Data on QIR form will accurately reflect how this item is not performing to the expected level based on clinical implications.*

11. COMPLIANCE TRACKING SYSTEM

The VHA CFO and CNO are required to monitor the standardization process and report quarterly to the Office of the Under Secretary for Health. To collect data necessary for developing this report, each VHA facility is required to complete a quarterly Compliance Tracking Report in the sample format provided in Appendix F. A comprehensive spreadsheet, compiled from the VHA Logistics Office (176) database, including all currently effective VHA standardized items, must be submitted electronically by the VHA Logistics Office (176) to the CLOs by the third workday of each new quarter. CLOs must collect the required information from each facility in their networks and submit to the VHA Logistics Office (176) by the 20th workday of each new quarter. The data submitted will be verified against the centralized Procurement History file by the VHA Logistics Office (176). Consequently, it is imperative that local files be accurate and annotated with standardized nomenclature to assure accurate reporting. The results of compliance reviews will be shared with the appropriate OA&MM contracting office responsible for the commodity.

NOTE: *This report is intended to be a temporary requirement necessary only until all facilities are fully compliant in their use of Item Master File Numbers for all standardized items. As soon as the data derived from the Procurement History File coincides with the compliance tracking reports, this requirement will be formally deleted.*

12. SOCIO-ECONOMIC PARTNERSHIP

a. To maximize VHA's partnership with OSDBU and continued support of the small business community while awarding best value contracts for standardized items, each proposed standardized procurement initiative must include a small business advocacy review and market research. That review is to include an assessment of small business potential. **NOTE:** *The VHA Logistics Office (176) will forward User Group meeting minutes and procurement requests to OSDBU at the same time they are forwarded to CLOs for initial review to ensure this important aspect of procurement is fully considered.*

b. Additionally, a concerted effort will be made to support partnerships with the Javits-Wagner-O'Day (JWOD) activities and Department of Justice (UNICOR) when feasible.

**SAMPLE FORMAT FOR
USER GROUP MEETING MINUTES**

**(NAME) USER GROUP
(MEETING PLACE)
(MEETING DATES)**

MEMBERS PRESENT: (Include name, title, and station)

CONSULTANTS PRESENT: (Include name, title, and station)

ABSENTEES: (Include name, title, and station)

OLD BUSINESS:

1.
 - a.
 - b.

- 2.
- Etc.

NEW BUSINESS:

1. (This is the area that QIRs should be addressed. When referencing QIRs, include the name of the item as described on the form, medical center and date shown at top of form.)
- 2.
- Etc.

PRODUCTS:

1. (Name of Product)

Discussion: (Explain reason for selection. Give very specific information about item.)

- a.
- b.

Recommendation:

2. (Name of Product)

Discussion:

Recommendation:

Etc.

FUTURE MEETING:

Signature of Chairperson
Typed Name of Chairperson

**SAMPLE MEMORANDUM FOR
CHIEF OFFICER REVIEW OF MINUTES**

Date: (Insert Appropriate Date)

From: Acting VHA Chief Financial Office (17/176)

Subj: Standardization of Supplies and Equipment

To: (Insert Appropriate CO)

1. In support of the standardization initiative identified in VHA Directive 1761, VHA *Standardization Program*, the minutes of the (insert name) User Group Meeting, held (insert date), are being provided for review and approval.
2. Please provide comments and concerns regarding the User Group's recommendations by COB 2 weeks from the date of this memorandum. If we have not received comments by that date, we will assume approval. The contracting strategy will then be initiated.
3. Questions concerning this process may be directed to the VHA CFO Logistics Office at (202) 273-5680.

Name of Chief Finance Officer

Attachment

cc: 10N, (Suggested Copies)

January 26, 2001

VHA HANDBOOK 1761.1

APPENDIX C

VA FORM 10-0384, VHA STANDARDIZATION REQUEST FOR WAIVER

Department of Veterans Affairs (VA) Form 10-0384 is at this web site
<http://vaww.va.gov/forms/medical/FormImageFiles/10-0384.pdf> .

This is to be used for local reproduction. Since this is a low-use form, it will not be stocked by the Forms and Publications Depot.

January 26, 2001

**VHA HANDBOOK 1761.1
APPENDIX D**

**VA FORM 10-0384b, VHA STANDARDIZATION QUALITY
IMPROVEMENT REPORT (QIR)**

Department of Veterans Affairs (VA) Form 10-0384b is at this web site
<http://vaww.va.gov/forms/medical/FormImageFiles/10-0384b.pdf> .

This is to be used for local reproduction. Since this is a low-use form , it will not be stocked by the Forms and Publications Depot.

**VA FORM 10-0384a, VHA STANDARDIZATION QUALITY
IMPROVEMENT REPORT (QIR)**

Department of Veterans Affairs (VA) Form 10-0384b is at this web site
<http://vaww.va.gov/forms/medical/FormImageFiles/10-0384a.pdf> .

This is to be used for local reproduction. Since this is a low-use form, it will not be stocked by the Forms and Publications Depot.

STANDARDIZATION COMPLIANCE TRACKING				SAMPLE					
*PLEASE INDICATE PERTINENT USAGE STATUS (YES, NO OR N/A) IN COLUMN "Y/N/NA" FOR EACH OF THE FOLLOWING STANDARDIZED ITEMS.									
IF YOU ARE USING A DIFFERENT VENDOR FOR ANY OF THESE ITEMS, PLEASE PROVIDE VENDOR NAME, CURRENT PRICING,									
AND ATTACH ADDITIONAL INFORMATION EXPLAINING WHY STANDARDIZED ITEM IS NOT BEING USED.									
TERUMO MEDICAL CORPORATION									
BPA Number: V797P-1641r									
Contract Period: (Extended) August 1, 1997 through 3-31-99	EXPIRES 3-31-99								
Minimum Order: \$50.00									
Note: Terumo will now accept orders using the Government Credit Card.									
Contracting Officer: Susan Proctor									
Needles & Syringes:									
PRODUCT NUMBER	ITEM DESCRIPTION	IMF#	PKG MULT	UPN	UNIT	BPA COST	Y/N/NA	CURRENT VENDOR	CURRENT PRICE
3SS-03L	Syringe, Hypodermic, 3CC, Sterile, Disp, Lock, 100/BX 10BX/CS			+H990SS03L5W	EA	\$0.0394			
3SS-05L	Syringe, Hypodermic, 5CC, Sterile, Disp, Lock, 100/BX 6BX/CS			+H990SS05L5Y	EA	\$0.0522			
3SS-10L	Syringe, Hypodermic, 10CC, Sterile, Disp, Lock, 100/BX 6BX/CS			+H990SS10L5U	EA	\$0.0637			
3SS-20L	Syringe, Hypodermic, 20CC, Sterile, Disp, Lock, 25/BX 8BX/CS			+H990SS20L5V	EA	\$0.1310			
3SS-30L	Syringe, Hypodermic, 30CC, Sterile, Disp, Lock, 25/BX 8BX/CS			+H990SS30L5W	EA	\$0.2180			
3SS-60L	Syringe, Hypodermic, 60CC, Sterile, Disp, Lock, 25/BX 4BX/CS			+H990SS60L5Z	EA	\$0.2600			
3SS-03S	Syringe, Hypodermic, 3CC, Sterile, Disp, Slip, 100/BX 10BX/CS			+H990SS03S5\$	EA	\$0.0394			
3SS-05S	Syringe, Hypodermic, 5CC, Sterile, Disp, Slip, 100/BX 6BX/CS			+H990SS05S5+	EA	\$0.0522			
3SS-10S	Syringe, Hypodermic, 10CC, Sterile, Disp, Slip, 100/BX 6BX/CS			+H990SS10S5.	EA	\$0.0637			
3SS-20S	Syringe, Hypodermic, 20CC, Sterile, Disp, Slip, 25/BX 8BX/CS			+H990SS20S5	EA	\$0.1310			
3SS-30S	Syringe, Hypodermic, 30CC, Sterile, Disp, Slip, 25/BX 8BX/CS			+H990SS30S5\$	EA	\$0.2180			
3SS-60ES	Syringe, Hypodermic, 60CC, Sterile, Disp, Slip, 25/BX 4BX/CS			+H990SS60ES5D	EA	\$0.2600			
	Syringe, Hypodermic with general purpose capped needle:								
3SS-03L2516	Syringe & Needle, 3CC, 25G 5/8IN, Sterile, Disp, 100/BX 10BX/CS			+H990SS03L251653	EA	\$0.0510			
3SS--3L2238	Syringe & Needle, 3CC, 22G 1-1/2IN, Sterile, Disp, 100/BX 10BX/CS			+H990SS03L223854	EA	\$0.0510			
3SS-03L2225	Syringe & Needle, 3CC, 22G 1IN, Sterile, Disp, 100/BX 10BX/CS			+H990SS03L222550	EA	\$0.0510			
3SS-03L2025	Syringe & Needle, 3CC, 20G 1IN, Sterile, Disp, 100/BX 10BX/CS			+H990SS03L20255+	EA	\$0.0510			
3SS-03L2038	Syringe & Needle, 3CC, 20G 1-1/2IN, Sterile, Disp, 100/BX 10BX/CS			+H990SS03L203852	EA	\$0.0510			
3SS-05L2238	Syringe & Needle, 5CC, 22G 1-1/2IN, Sterile, Disp, 100/BX 6BX/CS			+H990SS05L223856	EA	\$0.0637			
3SS-05L2125	Syringe & Needle, 5CC 21G 1IN, Sterile, Disp, 100/BX 6BX/CS			+H990SS05L212551	EA	\$0.0637			
3SS-05L2138	Syringe & Needle, 5CC, 21G, 1-1/2IN, Sterile, Disp, 100/BX, 6BX/CS			+H990SS05L213855	EA	\$0.0637			
3SS-05L2038	Syringe & Needle, 5CC, 20G, 1-1/2IN, Sterile, Disp, 100/BX, 6BX/CS			+H990SS05L203854	EA	\$0.0637			
3SS-10L2238	Syringe & Needle, 10CC, 22G, 1-1/2IN, Sterile, Disp, 100/BX, 6BX/CS				EA	\$0.0813			

VHA HANDBOOK 1761.1
APPENDIX F

January 26, 2001

3SS-10L2038	Syringe & Needle, 10CC, 20G, 1-1/2IN, Sterile, Disp, 100/BX, 6BX/CS			+H990SS10L203850	EA	\$0.0813			
	Needle, Hypodermic:								
3NN-2516R	Needle, Hypodermic, 25G, 5/8IN, Sterile, Disp, 100/BX, 10BX/CS			+H990NN2516R5\$	EA	\$0.0239			